DO NOT WRITE OR STAPLE IN THIS SPACE

2013

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

		-	r 2012, or other tax year 0 and ending on	, 20	
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	F	Payment Number 2
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
'YPE	Name			Amount of this installment	\$
ORT	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRINT OR TYPE	Address (numb	per and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
City, State, and Postal/ZIP Code Check box if address changed and make corrections above. -MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 HONOLULU, HI 96806-1530				MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before February 10, 2013, for calendar year taxpayers and on or before the 10th day of the second month after the close of the fiscal year for fiscal year taxpayers.	
			See Instructions o	n the reverse side.	Form FP-1
2	013	IN	FRANCHISE TAX PUBLIC SERVICE COM STALLMENT PAYMENT	IPANY TAX	
		-	r 2012, or other tax year 0 and ending on	, 20	
		☐ Franchise Tax	☐ Public Service Company Tax	F	Payment Number 1
	Hawaii	Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
rype	Name			Amount of this installment	\$
ORI	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRINT OR TYPE	Address (number and street)			4. Amount of this payment. (Line 2 minus line 3.)	\$
City, State, and Postal/ZIP Code Check box if address changed and make corrections above.			nake corrections above.	MAIL THIS VOUCHER WITH CHECK OR MOTO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your or DUE DATES FOR MONTHLY PAYMENTS:	DNEY ORDER PAYABLE heck or money order.
				Payment due on or before January 10, 2013 and on or before the 10th day of the first mon	for calendar year taxpayers

HONOLULU, HI 96806-1530

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and to how those taxes are imposed, there are no provisions in either tax law that requires or allows the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2013, or other tax year beginning on month 1, 20yy and ending on month dd, 20yy)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

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GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2013, or other tax year beginning on month 1, 20yy and ending on month dd, 20yy)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

P.O. Box 1530

DO NOT WRITE OR STAPLE IN THIS SPACE

2013

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

	sed on income for calendar y ginning on	year 2012, or other tax year , 20 and ending on	, 20		
	Check one: Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 4	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$	
rype	Name		Amount of this installment	\$	
OR1	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
PRINT OR TYPE	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch		
Check box if address changed and make corrections above. -MAILING ADDRESS-			DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before April 10, 2013, for calendar year taxpayers and on or before the 10th day of the fourth month after the close of the fiscal year for fiscal year taxpayers.		
	HAWAII DEPART	MENT OF TAXATION	DUE DATES FOR QUARTERLY PAYMENTS		
		BOX 1530 , HI 96806-1530	Payment due on or before April 20, 2013, for calendar year taxpayers and on or before the 20th day of the fourth month following the close of the fiscal year for fiscal year taxpayers.		
(RE	orm FP-1 EV. 2012)	STATE OF HAWAII — DEPARTMEN FRANCHISE TA) PUBLIC SERVICE COM INSTALLMENT PAYMENT	(OR IPANY TAX	R STAPLE IN THIS SPACE	
	sed on income for calendar y	ear 2012, or other tax year , 20 and ending on	. 20		
•	Check one: Franchise Tax			avment Number 3	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$	
PRINT OR TYPE	Name		Amount of this installment	\$	
	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
PRIN	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
City, State, and Postal/ZIP Code		nd make corrections above	MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:		
Check box if address changed and make corrections above. -MAILING ADDRESS-			Payment due on or before March 10, 2013, f and on or before the 10th day of the third montly year for fiscal year taxpayers.		

HAWAII DEPARTMENT OF TAXATION

P.O. BOX 1530 HONOLULU, HI 96806-1530

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and to how those taxes are imposed, there are no provisions in either tax law that requires or allows the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2013, or other tax year beginning on month 1, 20yy and ending on month dd, 20yy)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

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GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2013, or other tax year beginning on month 1, 20yy and ending on month dd, 20yy)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

P.O. Box 1530

DO NOT WRITE OR STAPLE IN THIS SPACE

2013

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX **INSTALLMENT PAYMENT VOUCHER**

			2012, or other tax year and ending on	, 20	
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 6
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
YPE			Amount of this installment	\$	
PRINT OR TYPE	DBA (if any) Address (number and street)			Amount of any unused overpayment credit to be applied	\$
PRIN.				4. Amount of this payment. (Line 2 minus line 3.)	\$
City, State, and Postal/ZIP Code Check box if address changed and make corrections above. -MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 HONOLULU, HI 96806-1530				MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before June 10, 2013, for calendar year taxpayers and on or before the 10th day of the sixth month after the close of the fiscal year for fiscal year taxpayers. DUE DATES FOR QUARTERLY PAYMENTS Payment due on or before June 20, 2013, for calendar year taxpayers and on or before the 20th day of the sixth month following the close of the fiscal year for fiscal year taxpayers. In the reverse side. Form FP-1	
(RI	orm FP-1 EV. 2012)	Р	ATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	COR IPANY TAX	R STAPLE IN THIS SPACE
		•	2012, or other tax year		
be	ginning on	, 20	and ending on	, 20	
		Franchise Tax Tax I.D. No.	Public Service Company Tax		ayment Number 5
	w		Federal Employer I.D. No.	Estimated tax liability for the year	\$
TYPE	Name			2. Amount of this installment	\$
PRINT OR 1	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
City, State, and Postal/ZIP Code Check box if address changed and make corrections above. -MAILING ADDRESS-		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before May 10, 2013, for calendar year taxpayers and on or before the 10th day of the fifth month after the close of the fiscal year for fiscal year taxpayers.			
		P. O. BOX			

HONOLULU, HI 96806-1530

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and to how those taxes are imposed, there are no provisions in either tax law that requires or allows the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2013, or other tax year beginning on month 1, 20yy and ending on month dd, 20yy)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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- 8. Detach the voucher at the perforation and mail with the required payment to:

P.O. Box 1530

DO NOT WRITE OR STAPLE IN THIS SPACE

2012

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX**

	013		STALLMENT PAYMENT	VOUCHER	
	sed on income for calenda ginning on	-	2012, or other tax year and ending on	, 20	
	Check one: Franchise T	āx	☐ Public Service Company Tax	P	ayment Number 8
	Hawaii Tax I.D. No.		Federal Employer I.D. No.	Estimated tax liability for the year	\$
PRINT OR TYPE	DBA (if any) Address (number and street)			Amount of this installment	\$
T OR				Amount of any unused overpayment credit to be applied	\$
PRIN				4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and Postal/ZIP Cod	le		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch	
Г	Chock box if address changes	d and m	aka carractions above	DUE DATES FOR MONTHLY PAYMENTS:	leck of money order.
Check box if address changed and make corrections above. -MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION			DDRESS-	Payment due on or before August 10, 2013, for calendar year taxpayers and on or before the 10th day of the eighth month after the close of the fiscal year for fiscal year taxpayers.	
). BOX LU, HI	1530 96806-1530		
			See Instructions o	n the reverse side.	Form FP-1
	orm FP-1 EV. 2012)		ATE OF HAWAII — DEPARTMEN FRANCHISE TAX	COR	OR STAPLE IN THIS SPACE
2	013		UBLIC SERVICE COM STALLMENT PAYMENT		
	sed on income for calenda ginning on	-	2012, or other tax year and ending on	, 20	
	Check one: Franchise T		☐ Public Service Company Tax	P	ayment Number 7
	Hawaii Tax I.D. No.		Federal Employer I.D. No.	Estimated tax liability for the year	\$
LYPE	Name			Amount of this installment	\$
PRINT OR TYPE	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
PRIN	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and Postal/ZIP Cod	le		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch	
	Check box if address changed	d and m	ake corrections above.	DUE DATES FOR MONTHLY PAYMENTS:	

-MAILING ADDRESS-**HAWAII DEPARTMENT OF TAXATION**

> P.O. BOX 1530 HONOLULU, HI 96806-1530

Payment due on or before July 10, 2013, for calendar year taxpayers and on or before the 10th day of the seventh month after the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

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GENERAL INSTRUCTIONS

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- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and to how those taxes are imposed, there are no provisions in either tax law that requires or allows the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2013, or other tax year beginning on month 1, 20yy and ending on month dd, 20yy)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

P.O. Box 1530

DO NOT WRITE OR STAPLE IN THIS SPACE

FORIII FP-1	STATE OF HAWAII — DEPARTMENT OF TAXATION				
(REV. 2012)	FRANCHISE TAX OR				
20 13	PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER				
Based on income for calendar year 2012, or other tax year					

be	ginning on, 20	and ending on	, 20	
	Check one: Franchise Tax	☐ Public Service Company Tax	Pa	yment Number 10
	Hawaii Tax I.D. No.	Federal Employer I.D. No.		
	w		Estimated tax liability for the year	\$
TYPE	Name		Amount of this installment	\$
LOR	DBA (if any)		Amount of any unused overpayment credit to be applied	\$
PRINT OR	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS:	
Check box if address changed and make corrections above. -MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 HONOLULU, HI 96806-1530			Payment due on or before October 10, 2013, and on or before the 10th day of the tenth material fiscal year for fiscal year taxpayers.	
		See Instructions o	on the reverse side.	Form FP-1
(RE	EV. 2012)	TATE OF HAWAII — DEPARTMEN FRANCHISE TA) UBLIC SERVICE COM STALLMENT PAYMENT 2012, or other tax year	(OR IPANY TAX	R STAPLE IN THIS SPACE
	ginning on, 20		, 20	
	Check one: Franchise Tax	☐ Public Service Company Tax	P	ayment Number 9
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1 Fotimeted toy lie bility for the year	.
	W		Estimated tax liability for the year	\$
TYPE	realite		2. Amount of this installment	\$
OR	DBA (if any)		Amount of any unused overpayment credit to be applied	
PRINT	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	
City, State, and Postal/ZIP Code			MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	
Check box if address changed and make corrections above. -MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION			Payment due on or before September 10 taxpayers and on or before the 10th day of the of the fiscal year for fiscal year taxpayers.	

DUE DATES FOR QUARTERLY PAYMENTS P.O. BOX 1530 HONOLULU, HI 96806-1530

Payment due on or before September 20, 2013, for calendar year taxpayers and on or before the 20th day of the ninth month following the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and to how those taxes are imposed, there are no provisions in either tax law that requires or allows the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2013, or other tax year beginning on month 1, 20yy and ending on month dd, 20yy)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2012 Hawaii tax return to your tax for 2013, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION P.O. Box 1530 Honolulu, HI 96806-1530

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2013

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

		-	ar 2012, or other tax year	20	
БС	gg on	_	_	•	
	Check one:		Public Service Company Tax	Pa	yment Number 12
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
PRINT OR TYPE	Name			Amount of this installment	\$
TOR	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
PRIN	Address (numb	er and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and	Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO	NEY ORDER PAYABLE
Check box if address changed and make corrections above.				TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before December 10, 2013, for calendar year taxpayers and on or before the 10th day of the twelfth month after the close of the	
		-MAILING A		fiscal year for fiscal year taxpayers.	
		P. O. BO		DUE DATES FOR QUARTERLY PAYMENTS	
		HONOLULU, H	II 96806-1530	Payment due on or before December 20, 2013, for calendar year taxpayers and on or before the 20th day of the twelfth month following the close of the fiscal year for fiscal year taxpayers.	
			See Instructions of	on the reverse side.	
					Form FP-1
(RE	orm FP-1 EV. 2012)	F	STATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE CON ISTALLMENT PAYMEN	X OR IPANY TAX	R STAPLE IN THIS SPACE
		ne for calendar yea	ar 2012, or other tax year		
be	ginning on	, 2	0 and ending on	, 20	
		☐ Franchise Tax	☐ Public Service Company Tax	Pa	yment Number 11
	w	Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
PRINT OR TYPE	Name			Amount of this installment	\$
TOR	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRIN	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:			
Check box if address changed and make corrections above. -MAILING ADDRESS- HAWAII DEPARTMENT OF TAYATION			ADDRESS-	Payment due on or before November 10, 2013, and on or before the 10th day of the eleventh fiscal year for fiscal year taxpayers.	

P.O. BOX 1530 HONOLULU, HI 96806-1530

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- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
- 4. Enter on line 1, your total estimated tax liability for the year.
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